

45145 W. Madison Ave. P.O. Box 610 Maricopa, AZ 85239 Ph: 520.568.9098 Fx: 520.568.9120 www.maricopa-az.gov

LOT SPLIT/LINE ADJUSTMENT APPLICATION

SECTION I: PROPERTY OWNER(S)		
Name:		
Mailing Address:		
	Fax:n names, addresses and signatures as requested below	
SECTION II: APPLICANT INFORMATION & PRIMA	ARY CONTACT INFORMATION	
Applicant Name:		
Affiliation with Project:		
Mailing Address:		
Phone:	Fax:	
Primary Contact Name:		
Affiliation with project:		
Phone:		
Email:		
SECTION III: PROPERTY		
Address of property requesting to be split:	·	
General Location and Assessor's parcel number:		
Current zoning(s):		
General Plan Classification:		
Legal description of property as currently exists:		
Legal description of each new lot as proposed:		
Legal description of all easements on lot(s):		
Size of property before and after split/adjustment:		
If a <u>residential</u> lot split is allowed, how many homes will reside on the property?		



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SECTION I	SECTION IV: SUBMITTAL REQUIREMENTS		
Please prov	Please provide the following (attach additional sheets):		
Office Check-in Use Only	Applio		
		Project narrative (scope of work proposed)	
		 Five (5) full size prints (preferably 24" x 36") of the proposed lot split/adjustment: Show property lines, easements and dimensions. Show all existing improvements i.e. buildings, fences, utilities, etc. 	
		One (1) 8.5" x 11" PMT reduction of each above referenced exhibits	
		An ALTA Survey (no older than 90 days)	
		Title report (no older than 60 days) verifying the Applicant as property owner	
		Documentation of number of splits that have historically occurred on this lot	
		Fee: \$300.00	
According to State Law, ARS9-463.02, a subdivision is created when: - Property is divided into four or more lots <i>or</i> - If a new street is involved, property is divided into two or more lots <i>or</i> - Property with boundaries fixed by a recorded plat is divided into more than two parts I have read this Lot Split/Lot Line Adjustment Application and understand that if my application is not complete in all respects it will not be processed until such time as it is complete. I also attest that I am in compliance with Arizona State Laws as applicable to any requested Lot Split.			
Signature	of Ap	plicant Print Name Date	
_	Signature of Property Owner Print Name Date *If more than one owner, attach additional sheet with names, addresses and signatures		
G //		OFFICE USE ONLY	
Case #: Fees:	Case #: Zoning Map #:		
	Date of Submittal: Accepted by:		